



General Assembly

February Session, 2016

Raised Bill No. 75

LCO No. 1078



Referred to Committee on COMMITTEE ON CHILDREN

Introduced by:
(KID)

AN ACT CONCERNING DETAINED YOUTH.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-3a of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2016*):

3 The Department of Children and Families shall ensure that the
4 Connecticut Juvenile Training School:

5 (1) Completes health, mental health and educational assessments for
6 each child admitted to the school not later than thirty days from the
7 date of such child's admission;

8 (2) Completes a written individualized treatment plan for each child
9 admitted to the school not later than thirty days from the date of such
10 child's admission;

11 (3) Complies with the provisions of sections 46a-150 to 46a-154,
12 inclusive, as amended by this act, regarding the use of physical
13 restraints, medication and seclusion of children at the school;

14 (4) Provides training to all staff at the school regarding their
15 mandatory child abuse and neglect reporting obligations under section
16 17a-101;

17 (5) Provides the opportunity for each child at the school to engage in
18 at least one hour of physical exercise per day on weekdays and at least
19 two hours of physical exercise per day on the weekends;

20 (6) Maintains a therapeutic and rehabilitational setting for children
21 who are placed at the facility pursuant to section 46b-140;

22 (7) Maintains accreditation by the American Correctional
23 Association;

24 (8) Adopts a data-driven improvement model with performance-
25 based standards.

26 Sec. 2. Section 17a-22bb of the general statutes is repealed and the
27 following is substituted in lieu thereof (*Effective October 1, 2016*):

28 (a) (1) The Commissioner of Children and Families, in consultation
29 with representatives of the children and families served by the
30 department, providers of mental, emotional or behavioral health
31 services for children and families, advocates, and others interested in
32 the well-being of children and families in this state, shall develop a
33 comprehensive implementation plan, across agency and policy areas,
34 for meeting the mental, emotional and behavioral health needs of all
35 children in the state, and preventing or reducing the long-term
36 negative impact of mental, emotional and behavioral health issues on
37 children. In developing the implementation plan, the department shall
38 include, at a minimum, the following strategies to prevent or reduce
39 the long-term negative impact of mental, emotional and behavioral
40 health issues on children:

41 (A) Employing prevention-focused techniques, with an emphasis on
42 early identification and intervention;

- 43 (B) Ensuring access to developmentally-appropriate services;
- 44 (C) Offering comprehensive care within a continuum of services;
- 45 (D) Engaging communities, families and youths in the planning,
46 delivery and evaluation of mental, emotional and behavioral health
47 care services;
- 48 (E) Being sensitive to diversity by reflecting awareness of race,
49 culture, religion, language and ability;
- 50 (F) Establishing results-based accountability measures to track
51 progress towards the goals and objectives outlined in this section,
52 sections 17a-22cc, 17a-22dd and 17a-248h and section 7 of public act 13-
53 178;
- 54 (G) Applying data-informed quality assurance strategies to address
55 mental, emotional and behavioral health issues in children;
- 56 (H) Improving the integration of school and community-based
57 mental health services; and
- 58 (I) Enhancing early interventions, consumer input and public
59 information and accountability by (i) in collaboration with the
60 Department of Public Health, increasing family and youth engagement
61 in medical homes; (ii) in collaboration with the Department of Social
62 Services, increasing awareness of the 2-1-1 Infoline program; and (iii)
63 in collaboration with each program that addresses the mental,
64 emotional or behavioral health of children within the state, insofar as
65 they receive public funds from the state, increasing the collection of
66 data on the results of each program, including information on issues
67 related to response times for treatment, provider availability and
68 access to treatment options.
- 69 (2) Not later than April 15, 2014, the commissioner shall submit and
70 present a status report on the progress of the implementation plan, in
71 accordance with section 11-4a, to the Governor and the joint standing

72 committees of the General Assembly having cognizance of matters
73 relating to children and appropriations.

74 (3) On or before October 1, 2014, the commissioner shall submit and
75 present the implementation plan, in accordance with section 11-4a, to
76 the Governor and the joint standing committees of the General
77 Assembly having cognizance of matters relating to children and
78 appropriations.

79 (4) On or before October 1, 2015, and biennially thereafter through
80 and including 2019, the department shall, in collaboration with the
81 Department of Education, Department of Social Services, Department
82 of Developmental Services, Office of Early Childhood, Department of
83 Public Health and Court Support Services Division of the Judicial
84 Branch, submit and present progress reports on the status of
85 implementation, and any data-driven recommendations to alter or
86 augment the implementation in accordance with section 11-4a, to the
87 Governor and the joint standing committees of the General Assembly
88 having cognizance of matters relating to children and appropriations.

89 (b) Emergency mobile psychiatric service providers shall collaborate
90 with community-based mental health care agencies, school-based
91 health centers and the contracting authority for each local or regional
92 board of education throughout the state, utilizing a variety of methods,
93 including, but not limited to, memoranda of understanding, policy and
94 protocols regarding referrals and outreach and liaison between the
95 respective entities. These methods shall be designed to (1) improve
96 coordination and communication in order to enable such entities to
97 promptly identify and refer children with mental, emotional or
98 behavioral health issues to the appropriate treatment program, and (2)
99 plan for any appropriate follow-up with the child and family.

100 (c) Local law enforcement agencies and local and regional boards of
101 education that employ or engage school resource officers shall,
102 provided federal funds are available, train school resource officers in

103 nationally recognized best practices to prevent students with mental
104 health issues from being victimized or disproportionately referred to
105 the juvenile justice system as a result of their mental health issues.

106 (d) The Department of Children and Families, in collaboration with
107 agencies that provide training for mental health care providers in
108 urban, suburban and rural areas, shall provide phased-in, ongoing
109 training for mental health care providers in evidence-based and
110 trauma-informed interventions and practices.

111 (e) The state shall seek existing public or private reimbursement for
112 (1) mental, emotional and behavioral health care services delivered in
113 the home and in elementary and secondary schools, and (2) mental,
114 emotional and behavioral health care services offered through the
115 Department of Social Services pursuant to the federal Early and
116 Periodic Screening, Diagnosis and Treatment Program under 42 USC
117 1396d.

118 (f) On or before October 1, 2017, the Department of Children and
119 Families, in collaboration with the Judicial Branch and the Department
120 of Correction, shall submit a plan to prevent or reduce the long-term
121 negative impact of mental, emotional and behavioral health issues on
122 children and youth twenty years of age or younger who are held in
123 secure detention or correctional confinement.

124 Sec. 3. Subsection (a) of section 46a-13l of the general statutes is
125 repealed and the following is substituted in lieu thereof (*Effective*
126 *October 1, 2016*):

127 (a) The Child Advocate shall:

128 (1) Evaluate the delivery of services to children by state agencies
129 and those entities that provide services to children through funds
130 provided by the state;

131 (2) Review periodically the procedures established by any state

132 agency providing services to children to carry out the provisions of
133 sections 46a-13k to 46a-13p, inclusive, with a view toward the rights of
134 the children and recommend revisions to such procedures, including,
135 but not limited to, an in-depth report of the conditions of confinement,
136 including, but not limited to, compliance with section 46a-152
137 regarding children twenty years of age or younger who are held in
138 secure detention or correctional confinement in any facility operated
139 by a state agency. Such report shall be submitted to the joint standing
140 committee of the General Assembly having cognizance of matters
141 relating to children not later than January 15, 2017, and every two
142 years thereafter;

143 (3) Review complaints of persons concerning the actions of any state
144 or municipal agency providing services to children and of any entity
145 that provides services to children through funds provided by the state,
146 make appropriate referrals and investigate those where the Child
147 Advocate determines that a child or family may be in need of
148 assistance from the Child Advocate or that a systemic issue in the
149 state's provision of services to children is raised by the complaint;

150 (4) Pursuant to an investigation, provide assistance to a child or
151 family who the Child Advocate determines is in need of such
152 assistance including, but not limited to, advocating with an agency,
153 provider or others on behalf of the best interests of the child;

154 (5) Periodically review the facilities and procedures of any and all
155 institutions or residences, public or private, where a juvenile has been
156 placed by any agency or department;

157 (6) Recommend changes in state policies concerning children
158 including changes in the system of providing juvenile justice, child
159 care, foster care and treatment;

160 (7) Take all possible action including, but not limited to, conducting
161 programs of public education, undertaking legislative advocacy and
162 making proposals for systemic reform and formal legal action, in order

163 to secure and ensure the legal, civil and special rights of children who
164 reside in this state;

165 (8) Provide training and technical assistance to attorneys
166 representing children and guardians ad litem appointed by the
167 Superior Court;

168 (9) Periodically review the number of special needs children in any
169 foster care or permanent care facility and recommend changes in the
170 policies and procedures for the placement of such children;

171 (10) Serve or designate a person to serve as a member of the child
172 fatality review panel established in subsection (b) of this section; and

173 (11) Take appropriate steps to advise the public of the services of the
174 Office of the Child Advocate, the purpose of the office and procedures
175 to contact the office.

176 Sec. 4. Section 46a-150 of the 2016 supplement to the general statutes
177 is repealed and the following is substituted in lieu thereof (*Effective*
178 *October 1, 2016*):

179 For purposes of this section and sections 46a-151 to 46a-154,
180 inclusive:

181 (1) "Provider of care or supervision of a person at risk" and
182 "provider" mean a person who provides direct care or supervision of a
183 person at risk.

184 (2) "Assistant provider of care or supervision of a person at risk" and
185 "assistant" mean a person assigned to provide, or who may be called
186 upon in an emergency to provide, assistance or security to a provider
187 of care or supervision of a person at risk.

188 (3) "Person at risk" means a person receiving care or supervision in
189 an institution or facility operated by, licensed or authorized to operate
190 by or operating pursuant to a contract with the Departments of Public

191 Health, Developmental Services, Children and Families, [or] Mental
192 Health and Addiction Services, Correction or the Judicial Branch. The
193 term does not include a person in the custody of the Commissioner of
194 Correction who is twenty years of age or older, or a resident or patient
195 of a nursing home subject to federal regulations concerning restraint of
196 residents or patients.

197 (4) "Life-threatening physical restraint" means any physical restraint
198 or hold of a person that restricts the flow of air into a person's lungs,
199 whether by chest compression or any other means.

200 (5) "Physical restraint" means any mechanical or personal restriction
201 that immobilizes or reduces the free movement of a person's arms, legs
202 or head. The term does not include: (A) Briefly holding a person in
203 order to calm or comfort the person; (B) restraint involving the
204 minimum contact necessary to safely escort a person from one area to
205 another; (C) medical devices, including, but not limited to, supports
206 prescribed by a health care provider to achieve proper body position
207 or balance; (D) helmets or other protective gear used to protect a
208 person from injuries due to a fall; or (E) helmets, mitts and similar
209 devices used to prevent self injury when the device is part of a
210 documented treatment plan and is the least restrictive means available
211 to prevent such self-injury.

212 (6) "Psychopharmacologic agent" means any medication that affects
213 the central nervous system, influencing thinking, emotion or behavior.

214 (7) "Seclusion" means the confinement of a person in a room,
215 whether alone or with staff supervision, in a manner that prevents the
216 person from leaving, except that in the case of seclusion at [Long Lane]
217 the Connecticut Juvenile Training School, the term does not include
218 the placing of a single child or youth in a secure room for the purpose
219 of sleeping.

220 Sec. 5. Subsection (b) of section 46b-121k of the general statutes is
221 repealed and the following is substituted in lieu thereof (*Effective*

222 *October 1, 2016*):

223 (b) The Judicial Branch may contract to establish regional secure
 224 residential facilities and regional highly supervised residential and
 225 nonresidential facilities for juveniles referred by the court. Such
 226 facilities shall operate within contracted-for capacity limits. Such
 227 facilities shall be [exempt from] subject to the licensing requirements of
 228 section 17a-145.

229 Sec. 6. Section 46b-132 of the general statutes is repealed and the
 230 following is substituted in lieu thereof (*Effective October 1, 2016*):

231 Where accommodations for the temporary detention of children in
 232 state-operated detention homes are unavailable, the Chief Court
 233 Administrator or his designee shall arrange with some agency or
 234 person for the use of suitable accommodations to serve as a temporary
 235 detention place as may be required. Such facilities shall be subject to
 236 the licensing requirements of section 17a-145. The court may allow
 237 such agency or person reasonable compensation for the expenses and
 238 services incident to such detention. The Chief Court Administrator or
 239 his designee may employ any other suitable method or arrangement
 240 for detention. Each child while detained as herein provided shall be
 241 under the orders, direction and supervision of the court.

242 Sec. 7. Section 17a-27e of the general statutes is repealed. (*Effective*
 243 *October 1, 2016*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2016</i>	17a-3a
Sec. 2	<i>October 1, 2016</i>	17a-22bb
Sec. 3	<i>October 1, 2016</i>	46a-13l(a)
Sec. 4	<i>October 1, 2016</i>	46a-150
Sec. 5	<i>October 1, 2016</i>	46b-121k(b)
Sec. 6	<i>October 1, 2016</i>	46b-132
Sec. 7	<i>October 1, 2016</i>	Repealer section

Statement of Purpose:

To improve the behavioral and mental health services provided to youth in the custody of the Department of Children and Families and the Department of Correction by requiring such departments to limit instances of seclusion and restraint to individuals twenty years of age and older, to study and report upon youths held in secure detention and correctional facilities and to adopt certain performance-based standards for such facilities.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]